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|                                                                                                                                 |  |                                                                                                                                                                                                                               |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--------------------------------------------|-----------------------|---------------------------|-----------|---------------------------------------|------------------------|--------------|-----------|--|------------------------|--|---|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                     |  |                                                                                                                                                                                                                               |  |                                             | Application or Docket Number<br>10/002,129 |                       | Filing Date<br>10/31/2001 |           | <input type="checkbox"/> To be Mailed |                        |              |           |  |                        |  |   |  |
| APPLICATION AS FILED – PART I                                                                                                   |  |                                                                                                                                                                                                                               |  |                                             | OTHER THAN<br>SMALL ENTITY                 |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
| (Column 1)                                                                                                                      |  | (Column 2)                                                                                                                                                                                                                    |  | SMALL ENTITY <input type="checkbox"/>       |                                            | OR                    |                           |           | SMALL ENTITY                          |                        |              |           |  |                        |  |   |  |
| FOR                                                                                                                             |  | NUMBER FILED                                                                                                                                                                                                                  |  | NUMBER EXTRA                                |                                            | RATE (\$)             |                           | FEE (\$)  |                                       | RATE (\$)              |              | FEE (\$)  |  |                        |  |   |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |  | N/A                                                                                                                                                                                                                           |  | N/A                                         |                                            | N/A                   |                           |           |                                       | N/A                    |              |           |  |                        |  |   |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |  | N/A                                                                                                                                                                                                                           |  | N/A                                         |                                            | N/A                   |                           |           |                                       | N/A                    |              |           |  |                        |  |   |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |  | N/A                                                                                                                                                                                                                           |  | N/A                                         |                                            | N/A                   |                           |           |                                       | N/A                    |              |           |  |                        |  |   |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |  | minus 20 =                                                                                                                                                                                                                    |  | *                                           |                                            | X \$ =                |                           |           |                                       | X \$ =                 |              |           |  |                        |  |   |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |  | minus 3 =                                                                                                                                                                                                                     |  | *                                           |                                            | X \$ =                |                           |           |                                       | X \$ =                 |              |           |  |                        |  |   |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |  |                                                                                                                                                                                                                               |  |                                             |                                            | TOTAL                 |                           |           |                                       | TOTAL                  |              |           |  |                        |  |   |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |  |                                                                                                                                                                                                                               |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
| APPLICATION AS AMENDED – PART II                                                                                                |  |                                                                                                                                                                                                                               |  |                                             | OTHER THAN<br>SMALL ENTITY                 |                       |                           |           |                                       | OR                     |              |           |  |                        |  |   |  |
| (Column 1)                                                                                                                      |  | (Column 2)                                                                                                                                                                                                                    |  | (Column 3)                                  |                                            | SMALL ENTITY          |                           | OR        |                                       |                        | SMALL ENTITY |           |  |                        |  |   |  |
| AMENDMENT<br><br><b>10/31/2007</b>                                                                                              |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                            | PRESENT<br>EXTRA      |                           | RATE (\$) |                                       | ADDITIONAL<br>FEE (\$) |              | RATE (\$) |  | ADDITIONAL<br>FEE (\$) |  |   |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                     |  | * 49                                        |                                            | Minus                 |                           | ** 50     |                                       | = 0                    |              | X \$ =    |  | OR X \$50=             |  | 0 |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               |  | * 9                                         |                                            | Minus                 |                           | ***9      |                                       | = 0                    |              | X \$ =    |  | OR X \$210=            |  | 0 |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
|                                                                                                                                 |  | TOTAL<br>ADD'L<br>FEE                                                                                                                                                                                                         |  | OR                                          |                                            | TOTAL<br>ADD'L<br>FEE |                           | OR        |                                       | TOTAL<br>ADD'L<br>FEE  |              | OR        |  | TOTAL<br>ADD'L<br>FEE  |  | 0 |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               |  |                                             | (Column 2)                                 |                       |                           |           |                                       | (Column 3)             |              |           |  |                        |  |   |  |
| AMENDMENT                                                                                                                       |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                            | PRESENT<br>EXTRA      |                           | RATE (\$) |                                       | ADDITIONAL<br>FEE (\$) |              | RATE (\$) |  | ADDITIONAL<br>FEE (\$) |  |   |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                     |  | *                                           |                                            | Minus                 |                           | **        |                                       | =                      |              | X \$ =    |  | OR X \$ =              |  |   |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               |  | *                                           |                                            | Minus                 |                           | ***       |                                       | =                      |              | X \$ =    |  | OR X \$ =              |  |   |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
|                                                                                                                                 |  | TOTAL<br>ADD'L<br>FEE                                                                                                                                                                                                         |  | OR                                          |                                            | TOTAL<br>ADD'L<br>FEE |                           | OR        |                                       | TOTAL<br>ADD'L<br>FEE  |              | OR        |  | TOTAL<br>ADD'L<br>FEE  |  | 0 |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |  |                                                                                                                                                                                                                               |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |  |                                                                                                                                                                                                                               |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |  |                                                                                                                                                                                                                               |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                                                                                                                                                                                                               |  |                                             |                                            |                       |                           |           |                                       |                        |              |           |  |                        |  |   |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

If the "Highest Number Previously Paid For" in THIS STATE is less than 3, enter "3".

## Legal Instrument Examiner:

**Eugal metrano**  
/ Juliet McMillan/

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.